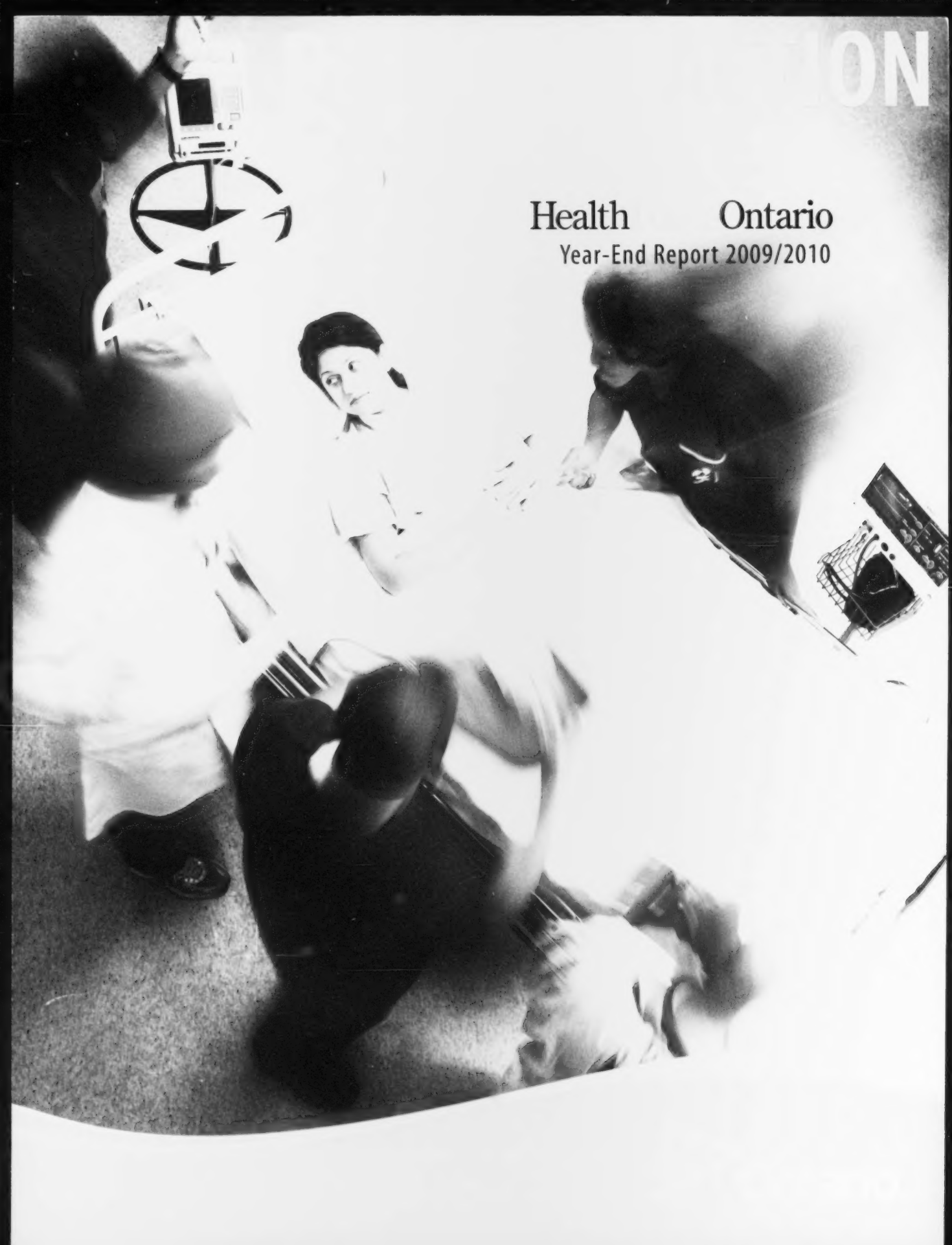


Health Ontario

Year-End Report 2009/2010

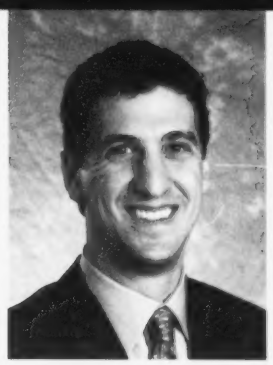
POLICY IN ACTION ACROSS ONTARIO

HealthForceOntario the province's strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future.

The **HealthForceOntario** strategy is:

- Identifying and addressing health human resource needs.
- Engaging partners in education and health care to develop skilled, knowledgeable providers and create the health care delivery teams that will make the most of their abilities.
- Introducing new and expanded roles to increase the number of providers working in health care and build on the skills of those already in the system.
- Making Ontario the employer-of-choice for all health care providers.

The Ministries of Health and Long-Term Care and Training, Colleges and Universities are delivering on the HealthForceOntario strategy in partnership with the province's health care consumers and providers.



CHANGE ACROSS THE SYSTEM

HealthForceOntario (HFO), now in its fourth year, remains committed to the goal of ensuring Ontarians have access to the right number and type of well prepared health providers when and where they are needed - now and in the future.

Over these four years I have had the chance to meet with hundreds of health care providers, managers, researchers, educators and leaders. I am always excited to hear that many of the core principles that underpin our efforts are gaining traction:

- recognizing the importance of every provider;
- interprofessional patient-centred teams;
- healthy work environments;
- allowing people to work to their full potential; and
- creating new and expanded roles.

This momentum reflects the recognition that health providers, and those who support them, are critical to not only improving patient care but also transforming the overall functioning of the health care system. As such, in my view, HFO has evolved to be more than "just" a health human resources (HHR) strategy. Rather, it is playing a pivotal role in creating a high performing sustainable system.

The HFO strategy has always worked to ensure alignment with other priority initiatives. Therefore, HFO is working to support the quality agenda advanced through the Excellent Care for All legislation. We are also engaged in the important work of looking at access in rural and northern communities and key parts of the system such as emergency services.

This report highlights front-line innovation in HHR in every part of the health care system and across the province. Also noted in our milestones are system-wide changes that alter the fundamental nature of HHR work, including legislative and regulatory changes, improved HHR data collection and leading edge workforce modeling initiatives.

In Ontario we are seeing historic levels of providers working at the front lines. The challenge for HFO and the system in general will be to ensure that they are well supported to provide patient-centred care in all of the settings highlighted in this report.

As always, the beneficiaries of the HFO success are the people of Ontario; the key to our success is the remarkable partnerships across government and the health care system. I would like to thank all of these partners for their support and commitment.

Respectfully submitted,

Joshua Tepper
Assistant Deputy Minister, Health Human Resources
j.tepper@HealthForceOntario.ca

POLICY IN ACTION ACROSS ONTARIO

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HealthForceOntario Marketing and Recruitment Agency

John Amodeo

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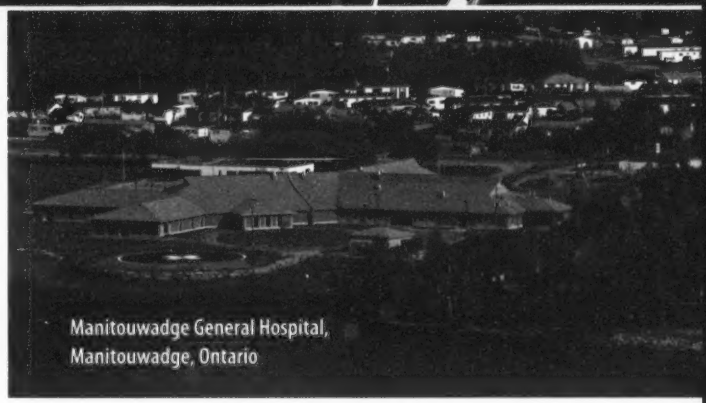
RURAL HEALTH AND EDUCATION IN ONTARIO

Ontarians should have access to health care, no matter where they live in this province.

Vanessa Ellies, a second-year NOSM undergraduate medical student

However, people who live in rural and northern parts of this province face unique challenges when it comes to accessing Ontario's health care system. Nineteen per cent of Ontario's population (or over 2.3 million people) live in rural areas and northern communities, and are served by less than eight per cent of the province's physicians. There are similar shortages of other health care providers in rural settings.



Manitouwadge General Hospital, Manitouwadge, Ontario

These rural challenges are one of access, and have far reaching implications for both the communities and economies of rural Ontario.

For more information on ministry-funded rural and northern health research in Ontario, visit: www.cranhr.ca

REACHING OUT TO RURAL HOSPITALS

MILESTONE: JULY 2009
The Ontario Nursing Workforce Alliance starts with hub and satellite organizations.

The Ontario Nursing Workforce Alliance (ONWA) is a policy enhancement to the Nursing Graduate Guarantee which optimizes the deployment of nurses to areas experiencing staffing challenges (such as rural, remote and northern communities and long-term care homes).

The alliance operates by formally connecting health care organizations experiencing staffing challenges (satellite organizations) with health care organizations that have enhanced recruitment and nursing health human resources planning capacity (hub organizations). University Health Network (UHN) as a coordinating hub for the ONWA has established partnerships with hospitals throughout Northern Ontario.

Hub organizations provide new nursing graduates with a comprehensive orientation experience to prepare them for secondments in satellite health care organizations. These secondments are three to twelve months in duration and help rural and northern communities in filling nursing vacancies and recruiting nurses.

The hub hospitals currently involved in the initiative include University Health Network – Toronto General Hospital, Hospital for Sick Children, North York General Hospital and Ontario Shores Centre for Mental Health Services.

Participating satellite hospitals include Bingham Memorial Hospital, Anson General Hospital, Lady Minto Hospital, Smooth Rock Falls Hospital, Moose Factory Hospital (Weeneebayko General), Manitouwadge General Hospital, Nipigon District Memorial Hospital, Hornepayne Community Hospital, Notre Dame Hospital – Hearst, and Sensenbrenner Hospital, Kapuskasing.

VOICE FROM THE FIELD

"I am a recent nursing graduate of the Second Degree Entry Nursing program at York University. I jumped at the chance to participate in UHN's ONWA program. I've always been drawn to community nursing, plus I love the excitement of new experiences, adventures and travel.

I was connected to the chief nursing officer at Manitouwadge General Hospital. This hospital is located north of the most northern shore of Lake Superior, 54 kilometers off the nearest highway.

I've spent four months preparing for my secondment. This July, I'll be heading north to begin my three-month placement. I'll be providing a bit of relief for the nurses in Manitouwadge who desperately need to take some time off.

Imagine what I'll be learning in those three months! Smaller hospitals typically do not have all the staff, units or equipment that I am used to having at UHN. Thankfully, I'll be working closely with a really experienced nurse who will give me a crash course in all aspects of nursing. I am looking forward to seeing what challenges will be thrown my way."

Sinthuja Chandrarajan, *registered nurse*

SUPPLYING NORTHERN COMMUNITIES WITH LOCUM PHYSICIANS

MILESTONE: MARCH 2010

From April 1, 2009 to March 31, 2010, the **Rural Family Medicine Locum Program** funded 184 family physicians to cover 3791.5 days for 196 local physicians in 74 participating communities.

From April 1, 2009 to March 31, 2010, the **Northern Specialist Locum Programs** funded 371 physicians to cover locum shifts for 28 specialties in 15 eligible communities in Northern Ontario, for a total of 9,107 days.

The Rural Family Medicine Locum Program (RFMLP) maintains ongoing primary medical care in eligible communities in Ontario by providing temporary, short-term replacement coverage for practising rural family physicians. The program serves rural physicians.

The Northern Specialist Locum Programs (NSLP) provides replacement and vacancy specialist locum coverage to designated Northern Ontario communities. The NSLP consists of two programs:

- Urgent Locum Tenens Program for Specialists
- Respite Locum Tenens Program for Specialists

The key factor differentiating between the two programs is community eligibility based on specialist complement, vacancies and active recruitment.

The HealthForceOntario Marketing and Recruitment Agency administers these programs.

VOICE FROM THE FIELD

"I have worked as a locum surgeon in a few Northern Ontario hospitals, including Notre-Dame Hospital in Hearst, Ontario. The 44-bed hospital serves a catchment area of over 11,000 in surrounding communities.

Every time I have travelled to Hearst for a one- or two-week locum, I have been impressed. Nestled in the northern wilderness, it must be one of the friendliest towns along Highway 11!

As a general surgeon, I am assigned regular clinical as well as scheduled elective operating and endoscopy time. My responsibilities also include emergency room coverage.

The welcoming local physicians and nursing staff at Notre-Dame are helpful, resourceful and enthusiastic. This creates a work dynamic that is very productive and pleasant, accentuating the standard of excellent patient care that already exists within the hospital.

As my scheduled locums in Hearst for this year draw to an end, I will make time in my full-time practice next year to travel back occasionally as this town has become a second home."

Dr. Daniel C. Trottier, B.Sc., M.D., FRCSC
General Surgery, Minimally Invasive Surgery, Endoscopy
Ottawa, Ontario

For more information on these locum programs visit:
www.healthforceontario.ca/locum

CELEBRATING NORTHERN ONTARIO SCHOOL OF MEDICINE'S NEW GRADS

MILESTONE: JUNE 2009

The **Northern Ontario School of Medicine** celebrates its first graduating class of 55 students.

In the spring of 2009, the Northern Ontario School of Medicine (NOSM) celebrated the graduation of its Charter Class. For the first time, 55 new physicians graduated from a distinctive, distributed, community-engaged medical education program with a curriculum designed to address the specific health challenges of northern and rural populations.

NOSM's Year of Firsts also includes:

- Obtained full accreditation by the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME). The completion of this challenging, multi-year process now places NOSM alongside all accredited medical schools in North America.
- Celebrated the completion of residents from NOSM's Family Medicine Residents of the Canadian Shield (FM RoCS) program, the newest in Canada. Twenty fully qualified physicians trained in communities across the North are now practising family medicine or undertaking additional training.
- Achieved accreditation for its Continuing Education Professional Development (CEPD) program. NOSM is now fully authorized to award Continuing Medical Education (CME) credits to physicians for participating in authorized educational events in Northern Ontario.

VOICE FROM THE FIELD

"Like everyone at NOSM, I share a passion for rural health and an education experience grounded in the realities of community health care.

Over 70 Northern Ontario communities offer clinical training opportunities to NOSM learners. I've received clinical training in a variety of settings - hospitals, family practices and remote nursing stations - where I've witnessed health challenges first hand and was introduced to the distinct cultures, life style opportunities and learning environments of Northern Ontario.

I'm proud to say that the Northern Ontario School of Medicine has established a mandate not just to produce doctors, but to produce the kind of doctors that our northern communities really need."

Dr. Aaron Orkin
NOSM Family Medicine Resident

RECRUITING AND RETAINING PHYSICIANS IN NORTHERN COMMUNITIES

MILESTONE: MARCH 2010

The ministry announces the creation of the **HFO Northern and Rural Recruitment and Retention Initiative** to help the most northern and rural Ontario communities recruit and retain physicians.

The Northern and Rural Recruitment and Retention Initiative (N3R) is a financial incentive program designed to attract physicians to northern and highly rural communities. Communities are eligible based on their Rurality Index of Ontario (RIO) score, which is dependent on three factors: population (count and density); travel time to a centre offering primary care; and travel time to a centre that offers advanced care. RIO is used for programs for other professions as well.

Physicians who establish their full-time practice in a community with a RIO score of 40 or more, or in one of the five major northern urban referral centres (Thunder Bay, Sudbury, North Bay, Sault Ste. Marie and Timmins), may be eligible to receive an incentive grant. The grants range from $80,000 to $120,000 and are based on the community's RIO score. The higher the RIO score, the higher the grant provided. Grants are paid out over a four-year period.

Following consultation with the public and key stakeholders, the Incentive Grant and Free Tuition programs, once part of the Underserviced Area Program (UAP), were consolidated into the N3R.

VOICE FROM THE FIELD

"I was a nurse for 13 years, living and working in Sudbury, before applying to medical school at McMaster University. I have just completed my two years of residency and have started up my own family practice here in Sudbury.

It was extremely stressful for me to get through medical school. Yes, the commute to Hamilton was not easy, especially in the winters. Money was an even bigger issue. People kept saying not to worry about the money; that it would come – but I did worry. With four kids, a seven-hour commute to school, and no financial help available to me aside from my personal line of credit, I was in debt up to my eyeballs.

When I graduated, money was so tight that I seriously considered moving my family to the U.S. for a few years to get my financial affairs back on track.

Thankfully, the ministry had an incentive program that gave me the financial breathing room I needed to keep my family practice in Sudbury. I'm working with four other physicians. I'll be doing some obstetrics and helping out with the walk-ins. Plus I'm excited to be working two days a week at the cancer centre in palliative care. I'm very happy to hear about the new N3R program that will help new physicians like me practise in a rural or northern community.

Dr. Nathalie Slaney
Sudbury, Ontario

For more information on the program, visit: www.health.gov.on.ca/english/providers/program/uap/guidelines/nrrri_guidelines.html

EXPLORING THE SOCIO-ECONOMIC IMPACT OF NOSM

MILESTONE: NOVEMBER 2009

NOSM releases the HFO-funded report on **"Exploring the Socio-Economic Impact of the Northern Ontario School of Medicine,"** which receives wide media attention. The report shows that NOSM helps generate between $67 million and $82 million of economic activity in Northern Ontario.

The report – written by the Centre for Rural and Northern Health Research, Lakehead University and Laurentian University, with support from the ministry – highlights several key findings:

- **The substantial contribution NOSM makes to the economy of Northern Ontario**: Total direct spending by the school and its undergraduate medical students is estimated at $37 million annually and, according to the report, the recirculation of these funds generates between $67 million and $82 million of economic activity.
- **Communities across Northern Ontario also benefit** financially from their participation in the school.
- **Job creation is a direct economic benefit**. NOSM funds over 230 non-physician full-time equivalent (FTE) positions, and it is estimated that the school supports a total of 420 to 510 FTE positions in Northern Ontario through various economic effects. NOSM also pays stipendiary fees to more than 670 physician teachers in multiple teaching and research sites in over 70 Northern Ontario communities.
- **NOSM has had a positive impact on the host universities and affiliated health care institutions**, as well as community hospitals that have transitioned to teaching hospital status.
- The establishment of the school is also seen as a major contributor to **a growing knowledge-based economy** in Northern Ontario.
- NOSM graduates will **relieve the chronic shortage of physicians across Northern Ontario**, and francophone and aboriginal medical learners will help alleviate the shortage of the physicians serving these two population groups.

VOICE FROM THE FIELD

"Temiskaming Shores shares in the tremendous pride of 'our' Northern Ontario School of Medicine (NOSM)! With NOSM, students who hail from Northern Ontario communities now have a medical school 'in the North, for the North, and by the North' – a medical school that will provide for desperately needed physicians in northern cities and towns.

Our community works closely with NOSM to make sure students are integrated into our community. We want students to view Temiskaming Shores as their home. As well, medical staff play important roles as preceptors and teachers, mentoring third-year students.

As a result, our community's local academic base has greatly improved – as has our overall economy due to the millions of dollars generated annually in economic stimulus for the North. The community of Temiskaming Shores is proud to be a part of NOSM."

Mayor Judy Pace
City of Temiskaming Shores

PRIMARY CARE

The primary health care team is the first point of contact between a patient and Ontario's health care system.

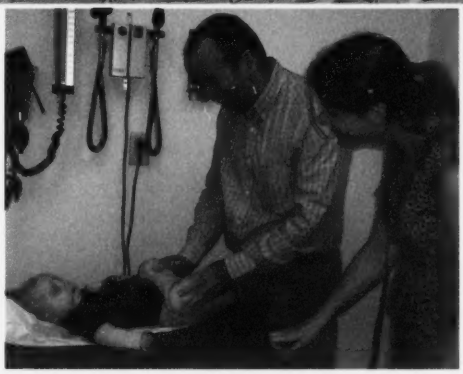
Marathon Family Health Team's Ashraf Sefin, physician assistant, at work examining a patient

Registered practical nurse, Mona Laderoute, Marathon Family Health Team, assisting a patient

Primary health care refers to the patient's first point of contact with a doctor or a health care team. Primary health care includes but is not limited to disease management and prevention, disease cure, palliative care and health promotion.

A Family Health Team is one primary health care model employed in Ontario. Interdisciplinary in nature, a team may include: physicians, nurse practitioners, physician assistants, nurses, social workers, mental health workers, dietitians, pharmacists, occupational therapists and others – all of whom work together to provide a spectrum of services such as health promotion, treatment, chronic disease management, prevention, rehabilitation and palliative care.

To date, 2.5 million Ontarians are enrolled in Family Health Teams, across various models, representing 425,000 patients who did not previously have access to a regular family physician.



Dr. Scott Wilson and nurse practitioner Vanessa Power of the Marathon Family Health Team, examining a baby

What do Family Health Teams look like in Ontario? Generally, like the Marathon Family Health Team. Ten primary care physicians and seven non-physician providers serve on this team in Northern Ontario.

EDUCATING HEALTH CARE PROVIDERS IN INTERPROFESSIONAL CARE

MILESTONE: SEPTEMBER 2009
Under the **Interprofessional Infrastructure initiative**, 15 postsecondary institutions (nine universities and six colleges) received $2,260,000 in 2009-10 to develop interprofessional education as the basis for the implementation of interprofessional care.

Interprofessional care is a different way of thinking and approaching patient care. Interprofessional health care teams harness the expertise of a number of individuals to bring the best care to the patient. The patient benefits — and so does the health care team. Sharing the effort means less stress, less burnout and greater job satisfaction.

To put an effective interprofessional approach into Ontario's health care system, there must be a seamless integration between the education system preparing the workforce and the health care system that employs it.

To assist in the development of interprofessional education, the Ministries of Training, Colleges and Universities (MTCU) and Health and Long-Term Care committed to providing annual financial support, starting in 2006-07, to the six Ontario Academic Health Science Centres (AHSCs). In 2008, funding was expanded to include nine additional institutions that are not AHSCs, which showed interest in interprofessional education, for three fiscal years. The government committed funding for AHSCs for an additional year in 2010-11.

VOICE FROM THE FIELD

"Since 2006, a dedicated team of five clinical educators here at the Interprofessional University Clinic has supervised 4,000 days of clinical placement, enabling students like me to offer primary health care services to 3,500+ people.

It's been very rewarding working here. Primary health care and community-based projects are jointly developed and delivered by a team of students, supervised by our clinic's talented nursing and rehabilitation experts. Nine different health professions are represented.

With the support and knowledge of the other team members, I have seen possibilities grow and moments of self-doubt transform into an opportunity for learning and sharing."

Serge Cusson
A physiotherapy student, University of Ottawa

IMPROVING PATIENT ACCESS TO PRIMARY CARE

MILESTONE: DECEMBER 2009

The first **physician assistant** (PA) begins working in the Family Health Team demonstration project.

MILESTONE: JANUARY 2010

The third cohort of 15 International Medical Graduates (IMGs) begins the 14-week **Physician Assistant Integration Program (PAIP)**. The PAIP is an assessment and integration process that all IMG-streamed PAs must complete to ensure they have the necessary PA competencies.

Physician assistants are health professionals who support physicians in a broad range of health care settings. PAs provide patient/client care under the direction and supervision of a registered physician and work alongside physicians, nurses, nurse practitioners, and other members of the interprofessional health care team.

PAs' duties vary between settings. Their role is determined by the supervising physician, and usually includes tasks such as taking a patient's medical history, performing physical exams, and providing counseling on preventative care.

The PA role is currently being introduced to the Ontario health care system through a series of two-year demonstration projects taking place in selected hospitals, community health centres, Family Health Teams, and community-based diabetes care clinics and long-term care homes.

VOICE FROM THE FIELD

"I joined the Marathon Family Health Team in March 2010, as a participant of the Ontario Physician Assistant Initiative. This initiative is giving me the opportunity to learn about the Canadian health care system, from the ground up.

I came by way of Cairo, Egypt in 2007, where I worked as a family physician while obtaining a Masters in Pathology and Public Health before completing my Doctorate in Public Health. I was very eager to continue working in the medical field and this government initiative helped me find the way.

I became part of the IMG group, selected by the Centre for the Evaluation of Health Professionals Educated Abroad to be eligible to apply for PA positions within the demo project. I successfully completed the Physician Assistant Integration Program.

The premise behind the Family Health Team is access. When a PA – or nurse practitioner or IMG – sees even 10 patients a day, that opens up space for doctors to see 10 other patients."

Dr. Ashraf Sefin, MD, MSc, PhD
PA at Marathon Family Health Team
Marathon, Ontario

For more information on the two-year PA demonstration project, visit: www.healthforceontario.ca/pa

PROMOTING HEALTHY WORKPLACE PRACTICES

MILESTONE: DECEMBER 2009

Eighteen projects are selected from over 130 applicants to the Healthy Work Environments Innovation Fund Grant Program.

In August 2009, the ministry launched the Healthy Work Environments (HWE) Innovation Fund grant program. The ministry received over 130 applications from across the health system, including: acute care, long-term care, home care and primary care.

The grant program had four areas of focus: workplace safety, workplace violence prevention, respect in the workplace, and HWE leadership development. The selection process emphasized the importance of developing practical HWE tools and resources for broad dissemination and knowledge transfer.

The successful projects reinforced the conceptual model for HWEs developed by the Registered Nurses' Association of Ontario. The model underlines the importance of looking at physical, structural and policy issues, psycho-social and cultural factors and professional and occupational components when attempting to build healthy work environments.

VOICE FROM THE FIELD

"Working with our partners, the South East Toronto Family Health Team used the funding to develop what we hope will be benchmarks for other Family Health Teams (FHTs) and primary care practices to support a physically healthy workplace for FHT employees. This project will enable FHT administrators to have the health and safety dialogue with their boards and engage them in minimizing risk by implementing policies and programs that will keep their FHT employees safe. Afterall, healthy work environments help retain Ontario's talented pool of primary care providers."

Kavita Mehta,
Executive Director
South East Toronto Family Health Team

For more information on the ministry's Healthy Work Environment's initiative, visit: www.healthforceontario.ca/WhatIsHFO/HWE.aspx

LONG-TERM CARE

Long-term care (LTC) homes are designed for people who require the availability of 24-hour nursing care and supervision. In addition to nursing care, residents also have access to personal care as well as recreational activities, therapists and other programs designed to help them function at their highest possible level.

Toronto's Kensington Health Centre Life Enhancement Assistant Annette Ginesi: working with resident Mary Poapst (above) and resident Billy Ennis (at left and below).

There are more than 40,000 full-time equivalents (FTEs) working in 625 long-term care homes in Ontario. These homes are providing care to over 75,000 residents.

PROTECTING HEALTH CARE WORKERS FROM NEEDLESTICK INJURIES

MILESTONE: APRIL 2009

Phase 2 of the **Needle Safety Regulation** comes into effect and extends coverage to: LTC homes, psychiatric facilities, laboratories and specimen collection centres.

MILESTONE: NOVEMBER 2009

Phase 3 of the **Needle Safety Regulation** is announced, extending coverage to additional workplaces, including: doctors' and dentists' offices, community health centres, Family Health Teams, independent health facilities, and other workplaces where health-related services are provided, effective July 1, 2010.

Before the introduction of the Needle Safety Regulation, estimates suggested that more more than 33,000 health care workers in Ontario suffered needlestick injuries every year. Needlestick injuries can occur any time when people use, disassemble, or dispose of needles.

Needlestick injuries can transmit serious blood-borne infectious diseases such as HIV/AIDS, Hepatitis B and Hepatitis C – and have cost Ontario taxpayers up to $66 million per year to test and treat.

The good news is that needlestick injuries are becoming much less common in Ontario's health care workplaces, thanks to the Needle Safety Regulation.

The Needle Safety Regulation came into effect September 2008 under the *Occupational Health and Safety Act*. Phase 1 of this Healthy Work Environments Initiative mandated the use of safety-engineered needles across all hospitals in Ontario.

Phase 2 of the initiative came into effect on April 1, 2009, and Phase 3 was announced in November 2009.

VOICE FROM THE FIELD

"I am an RN working in a long-term care home. I feel the implementation of safety needles has had a huge impact on my personal practice. I feel I am at a decreased risk of needlestick injury at point-of-care. I also really like the portable sharps containers that allow me to dispose of the needle right at the bedside. This reduces the risk to the resident. The implementation of the safety needles was seamless, and I feel the risk of injury to myself and to the residents has been greatly reduced."

Rene Turner RN, B.N.

For more information on the Needle Safety Regulation, visit:
www.news.ontario.ca/mol/en/2009/11/more-health-care-workers-protected-1.html

DIFFUSING VIOLENT BEHAVIOUR IN HEALTH CARE SETTINGS

MILESTONE: MARCH 2010

Healthy Work Environments Innovation Fund projects are completed, including the development of a risk assessment tool specific to long-term care and paramedics.

Workplace violence occurs in all types of health care organizations. The impact of this reality is considerable. The effects of workplace violence on staff are numerous, and can range from decreased commitment and productivity, to higher rates of injury and illness.

According to a 2006 study by the Canadian Institute for Health Information, 28 per cent of Ontario nurses reported that they had been physically assaulted at work over the past 12 months by a patient. A 2010 study in the Canadian Family Physician journal showed that 75 per cent of Canadian family doctors reported at least one incident of major abuse by their patients over the course of their careers. The average number of days of work lost due to illness or disability is at least 1.5 times greater for health care workers than for all workers. Improving violence prevention strategies is crucial to the wellbeing of health care workers and clients.

The Pocket Risk Assessment Tool was one project funded by the ministry to foster healthy workplace environments. Developed by the County of Frontenac, the tool helps identify signs of escalating behaviour and strategies to diffuse violent behaviour in unpredictable environments. This quick reference card can be carried by health care workers and is applicable to all settings.

VOICE FROM THE FIELD

"I work on a floor with residents who have dementia. Many of the residents here pick at things, move things, rummage or pace on a continual basis. When approached for care, these residents sometimes strike out, slap or grab at an arm.

Because of the Pocket Risk Assessment Tool, I am now more aware of the little differences to watch for in these behaviours that signal when a resident is more agitated than usual. More often than I used to, I leave and retry later. I notice I'm getting grabbed and slapped a lot less."

Michelle Baker, personal support worker
Fairmount Home, County of Frontenac

For more information on the ministry's Healthy Work Environment's initiative, visit: www.healthforceontario.ca/WhatIsHFO/HWE.aspx or follow us on Twitter: @HFO_HWE

EMPOWERING LATE CAREER NURSES TO KEEP WORKING

MILESTONE: JANUARY 2010

Late Career Nurse Initiative benefits 1,560 late career nurses in 113 organizations.

In Ontario, there are over 34,700 nurses currently employed in nursing who are 55 years of age or older and have their eyes on retirement. This represents a staggering 28 per cent of the total nursing workforce that potentially won't be nursing in the near future.

To ensure there is a sufficient supply of nurses to meet the health care needs of Ontarians, the ministry developed the Late Career Nurse Initiative strategy in 2004 to encourage experienced nurses to keep working while easing some of the physical demands of the job.

Nurses benefit from the opportunity to engage in nursing related activities that use their extensive knowledge and skills in roles that are less strenuous. Patients and employers also benefit as retaining experienced nurses enriches patient care.

The outcomes of this initiative include: the retention of over 12,700 career nurses in the workforce since 2004; the creation of alternate, less physically demanding nursing roles; and the provision of healthy work environments (HWEs) for nurses.

VOICE FROM THE FIELD

"I have been an RPN for 18 years. Over my career, I have enjoyed working in numerous settings, including pediatric nursing, homecare and working at a convent with the retired Sisters of Saint Joseph. For the past ten years, I have worked mainly in long-term care.

I have been part of the Late Career Nurse Initiative program here at St. Joseph's Villa for four years now. My job at the Villa is hands-on and can be very stressful and demanding. Yet I love what I do. I am on a few different committees here at the Villa, including: the Pain Team, the End-of-Life Care Team, and the Wound Care Team.

I'm 60 years old and retirement is not that far away. The Late Career Nurse Initiative has given me the opportunity to spend one day a week away from my regular duties on the unit. I use this time to mentor new staff, do some computer work, and spend some quality, much-needed, one-on-one time with my residents.

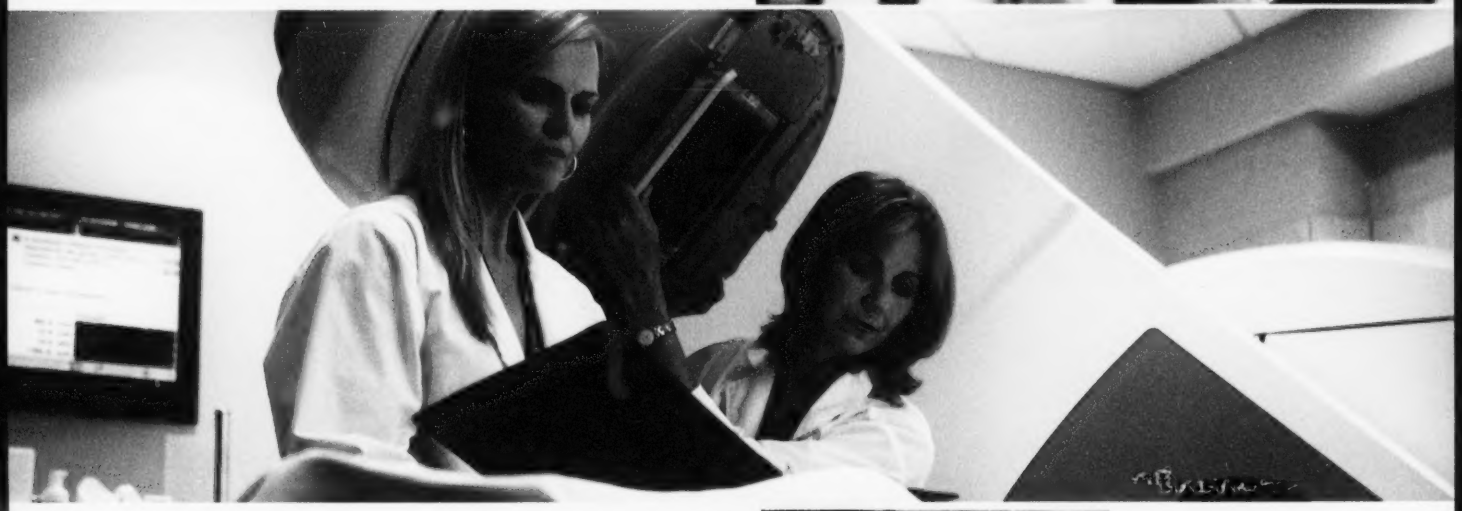
I recently graduated from the Comprehensive Advanced Palliative Care Education (CAPCE) course, making me the go-to person in nursing in terms of providing end-of-life care. By being a part of the Late Career Nurse Initiative, I will continue to provide end-of-life care teaching in our facility."

Elaine Ford, RPN
Participating in the Late Career Nurse Initiative
St Joseph's Villa, Dundas

For more information on the Late Career Nurse Initiative, visit:
www.healthforceontario.ca/ForEmployers/late_career_initiative.aspx

SPECIALTY CARE

Ontario's specialized care providers are among the top in their fields, with years of advanced education and clinical training across many disciplines. One of the reasons physicians, nurses and other health care professionals choose specialized care is that it allows them to focus on what they got into medicine to do – to help patients live healthier, better lives.



As new specialty areas emerge in health care, Ontario's health care professionals have stepped up in new roles. They have called upon their diverse skills and specialized knowledge, and in so doing, have provided the best possible care to Ontarians with serious diseases, conditions or injuries.

Clinical specialist radiation therapists Julie Blain (upper left) and Lilian Doerwald-Munoz (upper right) at work at the Juravinski Hospital & Cancer Centre, in Hamilton

PILOTING ADVANCED PRACTICE ROLES IN RADIATION THERAPY

MILESTONE: APRIL 2009

Ten full-time clinical specialist radiation therapists are supported to provide an additional year of advanced radiation therapy service in five cancer centres.

A clinical specialist radiation therapist (CSRT) is a medical radiation technologist with additional training to provide more specialized care in radiation treatment cancer care settings. The CSRT works in collaboration with radiation oncologists, nurses, medical physicists and other team members to ensure safe and optimal patient outcomes.

Capitalizing on a unique knowledge and skills set, this role has provided improved career opportunities for medical radiation therapists. It has also helped reduce wait times for radiation treatment and improve resource utilization and patient care in Ontario.

VOICE FROM THE FIELD

"Being a CSRT in Sunnybrook's palliative site group has given me a fantastic opportunity to work closely with many health care professions to improve the care for our patients at the end of life.

The CSRT role has helped streamline the referral and triaging process to enable patients quicker access to our Rapid Response Radiotherapy Program (RRRP). While I'm dealing with patients either in the RRRP or the Bone Metastases Clinic, the Radiation Oncologists have more time to treat more complex patients, or to do research.

The result, of course, is improved patient care. I like being a CSRT – and encourage all radiation therapists to consider pursuing this very rewarding career path."

Lori Holden, CSRT
Sunnybrook Hospital, Toronto

INNOVATIVE ROLE IN DETECTING COLON CANCER

MILESTONE: OCTOBER 2009

Six RNs complete the didactic education requirement to work in the role of Registered Nurse Performed Flexible Sigmoidoscopy and return to their practice setting to complete the clinical education component.

Colorectal cancer is a commonly diagnosed cancer and one of the leading causes of deaths in Canada. There is good evidence that early detection of colorectal cancer increases survival and improves clinical outcomes.

Ontario is the only province using nurses to perform flexible sigmoidoscopies alongside a province-wide program called Colon Cancer Check, which aims to encourage the public to have early screening for cancer in its early stages.

Partnering with Cancer Care Ontario, the ministry continues to support the Registered Nurse Performed Flexible Sigmoidoscopy pilot. There are several locations in Ontario, including: Hamilton, Thunder Bay, Kingston, Hearst and Windsor.

VOICE FROM THE FIELD

"I joined the program when the pilot came to Hotel Dieu Hospital in Kingston. I had been working in endoscopy for more than 10 years and was up for the challenge. I knew the role would be a great fit for me when I heard an advanced practice nurse from the United Kingdom speak at a conference about performing colonoscopies.

I'll be finished my clinical training soon and hope to begin screening patients later this year. This pilot specifically recognizes the skill level and the knowledge of RNs. It's going to open a lot of doors."

Robin Wheeler, RN
Hotel Dieu Hospital, Kingston

For more information on roles in nursing, visit:
www.healthforceontario.ca/Work/InsideOntario/OntarioNurses/RolesInNursing.aspx

INTRODUCING NURSE PRACTITIONERS TO ANESTHESIA CARE TEAMS

MILESTONE: DECEMBER 2009

Four nurse practitioners complete the University of Toronto Nurse Practitioner Anaesthesia program. This is a Canadian first.

In Ontario, there is a growing appreciation that nurse practitioners (NPs) have a useful role in alleviating surgical wait times and improving access to patient care for surgical procedures.

There are now over 500 NPs working at Ontario hospitals. Soon, NPs with advanced education in anesthesia will join anesthesia care teams. These nurses will have graduate degrees in nursing, post-graduate nurse practitioner certificates and significant, relevant clinical experience in pain management and sedation.

NPs can diagnose, prescribe medications and order tests.

Expanded NP Role

On December 15, 2009, the government passed Bill 179, the Regulated Health Professions Statute Law Amendment Act, 2009. For NPs, this will mean removing limitations on: Communicating diagnoses to patients; performing procedures below the dermis (e.g., suturing); and putting an instrument, hand or finger in body openings (e.g., intubating a patient). Bill 179 also will expand the scope of practice of NPs by authorizing them to:

- Prescribe, dispense, compound and sell drugs in accordance with regulations;
- Apply certain forms of energy (e.g., diagnostic ultrasound);
- Set or cast a fracture or dislocation of a joint; and
- Order x-rays without restrictions.

VOICE FROM THE FIELD

"We believe NPs represent enormous untapped potential for the health care system. Working together with anesthesiologists and other allied health professionals, NPs with specialty education in anesthesia care will be part of the solution to the crisis in surgical wait times.

Through our state-of-the-art simulation laboratory and our close partnerships with Canada's leading teaching hospitals, our NP-Anesthesia Care students – indeed all our students – receive an outstanding clinical education to help improve the lives of Ontarians."

Krista Keilty,
former Director, Nurse Practitioner Programs Coordinator, Nurse Practitioner Program- Paediatrics, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

Cynthia Struthers,
Assistant Professor, Coordinator, Nurse Practitioner Anesthesia Care Program, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

SETTING NEW STANDARDS OF ONCOLOGY NURSING EXCELLENCE

MILESTONE: FEBRUARY 2010

The de Souza Institute expands and surpasses five-year goals in the first year, with over 900 nurses participating in oncology education and mentorship programs, and over 150 nurses becoming Canadian Nurses Association-certified in oncology or palliative care.

In the next 10 years, Ontario will see a 40 per cent increase in the number of people living with cancer. The demand for nurses with specialized skills in oncology continues to grow.

To address this need, the ministry established The de Souza Institute in 2008 with $15 million in funding over five years. The Institute was named in honour of Anna Maria de Souza, a distinguished Toronto philanthropist and volunteer who lost her life to cancer in 2007.

The de Souza Institute is an innovative centre of learning that is building capacity in Ontario's cancer care system and setting a new standard of oncology nursing excellence. It is a virtual institute that uses innovative approaches – like live academic events, videoconferencing, web-casting, blogging, wikis and discussion boards – to reach nurses, wherever they practise in Ontario.

VOICE FROM THE FIELD

"Regional cancer care oncology nurses have been excited about the innovative continuing educational opportunities provided by The de Souza Institute.

As the regional Professional Practice Lead for Oncology, the virtual educational opportunities that I have been able to take advantage of personally – and that we have been able to facilitate for our oncology nursing team – have filled a gap and greatly enhanced our ability to provide quality continuing oncology education close to home.

The de Souza Institute has helped reenergize and empower our amazing team of regional oncology nurses."

Cori Watson, RN, BScN, CCHN(c)
Professional Practice Leader, Oncology
Thunder Bay Regional Health Sciences Centre

IMPROVING ACCESS TO CARE

MILESTONE: DECEMBER 2009
Bill 179, the **Regulated Health Professions Statute Law Amendment Act, 2009** receives Royal Assent.

The Ontario government has passed legislation that will improve access to health care for Ontarians and strengthen Ontario's health professional regulatory system.

Chiropodists, podiatrists, dental hygienists, dentists, dietitians, medical radiation technologists, midwives, naturopaths, nurse practitioners, pharmacists, physiotherapists and respiratory therapists will be allowed to deliver more services.

Some of these services may include: nurse practitioners setting or casting fractures; physiotherapists treating wounds; midwives administering suppository drugs; and medical radiation technologists suctioning tracheotomies – thus improving access to care for Ontarians.

VOICE FROM THE FIELD

"As the Registrar of the College of Medical Radiation Technologists of Ontario, I travelled across the province this past spring to conduct workshops with our members about what the Regulated Health Professions Statute Law Amendment Act, 2009 (RHPSLA) will mean to them.

What most excited our members was the new scope of practice statement for medical radiation technologists (MRTs) set out in RHPSLA that recognizes the role of the MRT in patient care. Prior to these amendments, the word 'patient' was not part of the MRT scope of practice statement. The previous legislative framework focused more on the technical aspects of the MRT role.

When you ask MRTs what they love about the practice of the profession, they often say, 'taking care of the patient'. So, from an MRT's perspective, these amendments recognize the critical bridge between patient care and the technical component of delivering medical radiation technology service to people in Ontario."

Linda Gough, M.R.T.(R.)
Registrar; College of Medical Radiation Technologists of Ontario

For more information, visit:
www.news.ontario.ca/opo/en/2009/05/ontario-unleashes-potential-in-health-care.html

www.health.gov.on.ca/en/news/bulletin/2009/regulation_accesstocare.aspx

EMERGENCY SERVICES ACROSS ONTARIO

Ontario has 167 emergency rooms, with over 32.8 million people making more than 5.25 million visits each year. With this volume, it is not surprising that reducing wait times in emergency departments has become a government priority. Timely access to immediate care should be available for all Ontarians.

ER RN Quinn Dziedziejko of Mount Sinai Hospital, Toronto

The ministry has created and implemented several programs to help hospitals improve patient access and help reduce emergency room wait times. For example, ambulance offload nurses and the introduction of physician assistants to hospital emergency rooms are part of a strategy to shorten the amount of time patients spend waiting in ERs, admit patients to a hospital bed more quickly, and reduce ambulance offload delays.

Ontarians sometimes end up visiting emergency rooms because they don't know where else to go for front-line health care services. They are unaware of the most appropriate settings to get the care they need. The government is increasing access to quality care by providing alternatives to an emergency room visit, such as after-hours clinics, urgent care centres, Family Health Teams, Nurse Practitioner-Led Clinics and community health centres.

A paramedic at Mount Sinai's busy emergency department

The province's newly re-launched and simplified Your Health Care Options website allows people to get to know the health care services in their communities that are right for them. With a click of the mouse or the touch of a smart phone, Ontarians can find out about the nearest health care options at www.health.gov.on.ca/en/public/programs/hco/

IMPROVING PATIENT ACCESS TO EMERGENCY SERVICES

MILESTONE: MAY 2009

The ministry supports 14 municipalities by announcing $5 million to fund nurses to ease ambulance offload.

Funded municipalities have reported significant reduction in paramedic wait time in hospitals, improved ambulance availability, and improved land ambulance response times due to the faster return of paramedics to the community.

The following municipalities have entered into agreements with locally selected hospitals and benefit from the services of nurses dedicated to receiving ambulance patients: Durham, Middlesex, Peel, Toronto, Greater Sudbury, Essex, Peterborough, York, Halton, Ottawa, Niagara, Hamilton, Frontenac and Waterloo.

Ambulance patients arriving with life-threatening conditions continue to be given priority by hospital staff. Other ambulance patients who do not require immediate emergency care or resuscitation may be cared for by a dedicated nurse, allowing paramedics to return more quickly to the community and be available to respond to other emergency 911 calls.

VOICE FROM THE FIELD

"Offload delay means that the hospital is unable to bring patients into the emergency, off EMS stretchers, due to the number of admitted and non admitted patients taking up bed space or stretcher space in the emergency department. Sometimes, the emergency department just doesn't have the physical capacity to take that patient into the department.

At times our hospital may have as many as six or seven ambulances on offload at one time, which obviously causes a problem in the community.

This funding initiative ensures that our ambulances are where we need them, when we need them; patient needs can be met in a more timely way, without the requirement to overstaff emergency services. This initiative funding helps initiate the steps required to begin care for the patients as soon as they arrive at the hospital."

Heather Mazurenko, RN
Ambulatory Offload Nurse at Sunnybrook Hospital, Toronto

INCREASING THE NUMBER OF QUALIFIED HEALTH PROFESSIONALS PRACTISING IN ONTARIO

MILESTONE: DECEMBER 2009

Working with Ontario's physician recruitment community, **HFO Marketing and Recruitment Agency** has recruited approximately 300 physicians, including those who work in emergency medicine, into Ontario since its inception in 2007 – 120 alone were recruited in 2009.

The HFO Marketing and Recruitment Agency (MRA) is designed to help increase the number of qualified health professionals practising in Ontario. HFO MRA is a one-stop show that implements, executes and manages a range of programs, events and activities that support the HealthForceOntario strategy.

Some of the departments at HFO MRA include:

- the Access Centre, which provides information, advice and support to internationally educated health professionals trained/educated outside of Canada or the U.S. living in Ontario.
- Marketing and Recruitment, which recruits qualified health professionals into Ontario and helps retain Ontario's domestically trained health professionals
- Recruitment and Relocation, which supports and advises physicians trained/educated in Canada or the U.S. regarding issues such as licensing, certification, immigration and jobs.

VOICE FROM THE FIELD

"I am a Canadian who graduated from the Royal College of Surgeons in Ireland. I completed my intern year in 2007 in internal medicine at the University of Illinois at Urbana-Champaign and finished my family medicine studies with the Carle Foundation Hospital in Illinois in 2010.

During my chief resident year in family medicine, I decided to attend the AAFP (American Academy of Family Physicians) Scientific Assembly conference in Boston, where I came upon HFO MRA's booth. Though happy in the United States, I was interested in returning home to Canada. HFO MRA answered all my questions and highlighted the many advantages of returning to practise in Ontario.

A few days after the conference, I received a follow-up eblast and was introduced to one of HFO MRA's physician recruitment advisors. My advisor helped me navigate the paperwork required to return to Ontario.

I'm thrilled to be living now in Southampton with my wife and little girl. I am a full-time ER physician here at the hospital. I think my being here has helped lessen the burden on the local physicians; they can now devote more time to their clinics and better manage the health of the community.

Dr. Erich Hanel, MD, CFPC
ED Physician at Southampton Hospital, Southampton

Follow HFO MRA on Facebook:
www.facebook.com/HealthForceOntario

Follow HFO MRA on Twitter:
www.twitter.com/HFO_MRA

KEEPING EMERGENCY DEPARTMENTS OPEN

MILESTONE: MARCH 2010

Since inception in October 2006, the **Emergency Department Coverage Demonstration Project** has provided more than 57,000 hours of locum coverage to assist 45 hospitals in Ontario. From April 1, 2009 to March 31 2010, more than 20,000 hours of coverage have been provided to assist 30 hospitals.

The Emergency Department Coverage Demonstration Project (EDCDP) provides urgent ED locum coverage as an interim measure of last resort to designated hospitals that are facing significant challenges covering ED shifts due to physician vacancies.

In October 2006, as part of the provincial government's Emergency Department Action Plan, the Ontario Medical Association and the Ministry of Health and Long-Term Care partnered to create the EDCDP. HealthForceOntario Marketing and Recruitment Agency developed and assumed responsibility for its implementation and ongoing operation.

Under the EDCDP, physicians who are able to maintain their home hospital emergency department commitments assist other designated hospitals with coverage for their ED shifts. Through a password-protected portal on the HealthForceOntario website, EDCDP posts vacant hospital shifts for participating physicians to book.

As of March 2010, 22 hospitals are receiving assistance from the program. Between October 2006 and March 2010, 21 hospitals graduated based on local recruitment and/or the achievement of other staffing strategies, and no longer receive EDCDP locum assistance.

VOICE FROM THE FIELD

"I am an ER physician at Leamington District Memorial Hospital, which is just 45 minutes outside Windsor. Each month, when our local schedule is posted, I like to take a look on the EDCDP shift scheduler to see if I can pick up a few extra shifts each month.

Why? Well, I enjoy being an EDCDP locum. I've met some great nurses and physicians in my placements over the last few years. I must say it has been rewarding, broadened my overall ER work experience and given me a reason to get on my motorbike and go on several road trips throughout Ontario.

The EDCDP gives me an opportunity to experience various EDs around the province while helping out high-need hospitals cover shifts in their emergency departments."

Dr. Robert LeBlanc B.Sc, M.D, C.C.F.P.
Emergency Department Director
Leamington District Memorial Hospital
Leamington

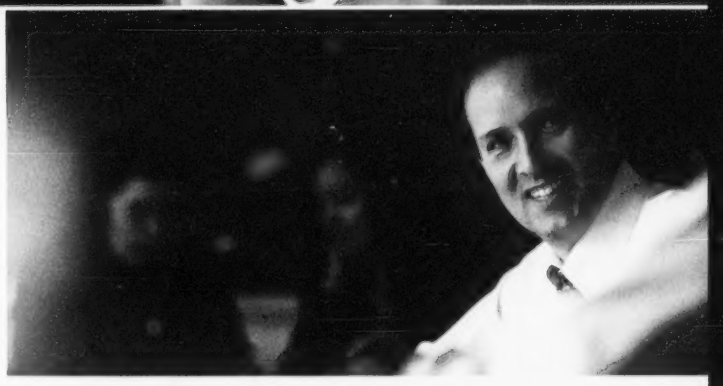
For more information on the EDCDP, visit: www.healthforceontario.ca/edcdp

MEETING HEALTH CARE NEEDS TODAY AND TOMORROW

During this past year, great strides have been made to affect the way health care is delivered in Ontario through policy, planning and regulation.

Health care delivery in Ontario is evolving. Ontarians want and deserve safe, quality care – including complementary and alternative care. To meet health care needs today and tomorrow, planning is essential. New information and analytical capacity has been developed to help Ontario understand the number of health care providers that may be needed in the future.

Regulation is also key. Regulating a health profession ensures Ontarians have access to health professionals of their choice who are highly qualified and competent to practise. In addition, regulation provides a framework for a formalized complaints process for patients.



Dr. Arthur Sweetman, (R) Ontario Research Chair in Health Human Resources, Department of Economics, McMaster University, sharing ideas with Professor Jeremiah Hurley of the Centre for Health Economics and Policy Analysis, Department of Clinical Epidemiology and Biostatistics, Masters student, Economic Policy, Noemi Chanda and Dr. Meredith Lilly, PhD, Health Services Research-all of McMaster University, Hamilton

DEVELOPING EVIDENCE TO IMPROVE HEALTH HUMAN RESOURCES PLANNING IN ONTARIO

MILESTONE: MARCH 2010

Dr. Arthur Sweetman, PhD, is named the inaugural Ontario Research Chair in Health Human Resources.

The Ontario Research Chair in Health Human Resources is a position funded by an endowment from the ministry as part of the HealthForceOntario strategy. This Chair was awarded to McMaster University by the Council of Ontario Universities, through the Ontario Research Chairs Selection Panel.

Dr. Arthur Sweetman will join a large and dedicated group of health policy and labour economics researchers at McMaster University who have the sophisticated level of research capacity needed to help shape policy development.

VOICE FROM THE FIELD

We asked Dr. Sweetman to comment on some of the many milestones accomplished this year by the Health Human Resources Forecasting and Modelling Unit.

Dr. Sweetman's Comments:

MILESTONE: SEPTEMBER 2009

The **Ontario Health Human Resources Research Network (OHHRRN) is established.**

"The OHHRRN is a network that links health human resources researchers, decision-makers and planners. I see it as an excellent forum to support coordinated and policy-relevant research in Ontario."

MILESTONE: JANUARY 2009

The Health Human Resources Strategy Division publishes its first edition of the e-bulletin HealthForceOntario (HFO) R.A.D.I.U.S. (Research, Analytics, Data, Information and Useful Statistics).

"Communication is key. The HFO R.A.D.I.U.S. newsletter showcases research and information to Ontario's health system stakeholders and planners. Having evidence readily available helps enhance analytical capacity for evidence-informed health human resources planning."

MILESTONE: FEBRUARY 2010

The development of the first population needs-based physician simulation model for Ontario is completed.

"A much-needed model! The model will compare the population's need for various physician services to the supply of services, quantify the gap, and translate it into specialty-specific physician health human resources requirements. The model will serve as yet another piece of evidence to enable better physician human resources planning in Ontario."

MEETING HEALTH CARE NEEDS TODAY AND TOMORROW (cont'd)

ADVANCING PATIENT SAFETY THROUGH NEW LEGISLATION

MILESTONE: APRIL 2009

Bill 141, the **Regulated Health Professions Amendment Act, 2009** receives Royal Assent.

Bill 141 strengthens patient safety by amending the *Regulated Health Professions Act, 1991* to give health regulatory colleges the authority to make regulations providing for the direct observation of college members in their practice, including the direct observation by inspectors of procedures performed by members on patients, during a college inspection or examination of premises used in connection with the practice of the profession.

VOICE FROM THE FIELD

"In 2007, a patient died following a liposuction procedure that drew great media attention. Concerns were raised over the quality of care provided by doctors practising cosmetic surgery outside hospitals.

While more and more physicians in Ontario were performing out-of-hospital procedures, both cosmetic and non-cosmetic, there was no system to monitor patient safety or the quality at these facilities. This sparked the development of changes to a regulation that would permit the inspection of out-of-hospital premises.

The Premises Inspection regulation was approved by the Ontario government in April 2010. The college now has the authority to inspect out-of-hospital facilities where certain procedures are performed using anesthesia, and assess physicians working in these premises."

Excerpt taken from Noteworthy, website of the College of Physicians and Surgeons of Ontario.

REGULATING PROFESSIONS IN THE PUBLIC INTEREST

MILESTONE: SEPTEMBER 2009

Transitional councils for the professions of kinesiology, homeopathy, naturopathy and psychotherapy are appointed.

The appointment of a transitional council marks a major step toward the regulation of a health profession under the legislative framework of the *Regulated Health Professions Act, 1991*. All governing councils under the Act include a mix of public appointees and members of the profession.

The transitional councils will develop the regulations, by-laws, policies and operational infrastructure required to establish four new, non-profit self-funding health regulatory colleges. The colleges will regulate the professions of kinesiology, homeopathy, naturopathy and psychotherapy in the public interest.

Transitional Registrars support the Transitional Councils in their activities. The Transitional Registrars are Basil Ziv (homeopathy), Brenda Kritzer (kinesiology), Andrew Parr (naturopathy) and Joyce Rowlands (psychotherapy).

VOICE FROM THE FIELD

"I have recently been appointed as a public member to the Transitional Council of the College of Homeopaths in Ontario.

Like all governing councils, the members on my council represent a wide range of practices and countries of origin, as well as a variety of experiences, including teachers and academics.

I am a retired pharmacist and past Registrar of the Ontario College of Pharmacists (OCP). Just under one half of our council are public representatives like me; people who responded to a public call for members and have expressed an interest in professional regulation in homeopathy.

I believe the value of public representation on the council is vital when deliberating the public protection mandate."

Jim Dunsdon, B.Sc. Phm.
Lay Member of the Transitional Council of the College of Homeopaths in Ontario

For more information, visit:
www.health.gov.on.ca/en/news/bulletin/2009/regulatory_councils.aspx

milestones

A list of achievements in 2008/2010

The Health Human Resources Strategy Division publishes its first edition of the e-bulletin HealthForceOntario (HFO) R.A.D.I.U.S. (Research, Analytics, Data, Information and Useful Statistics).

The Ontario Physician Assistant Initiative extends to March 2011. The project is also expanded with invitations to emergency departments to apply for up to 20 additional physician assistant positions.

The Health Human Resources Strategy Division supports and funds the first annual meeting of the Ontario Interprofessional Health Collaborative (OIHC).

The College of Physicians and Surgeons of Ontario's Registration Committee approves the first applications under the new Alternative Pathways to Registration. Two HFO Marketing and Recruitment Agency (MRA) clients with training and board certification in the U.S. are among the successful applicants.

224 International Medical Graduates (IMGs) are offered training positions and assessments, exceeding the target of 200.

The first three Nurse Practitioner-Led Clinics are announced.

The number of Family Medicine postgraduate positions continues to increase by 160 per cent by 2013-2014. In total, 325 new training positions are being added. Approximately 75 new specialty positions are also planned by 2013-2014.

All of the Northern Ontario School of Medicine's (NOSM) undergraduate medical students in its Charter Class are successfully matched to Canadian residency programs on their first attempt. For the first time, NOSM offers specialty positions in pediatrics and general surgery under its own accreditation.

The College of Physicians and Surgeons of Ontario announces a record-breaking 3,467 total certificates were issued in 2008. Of this total, 1,511 were practice certificates, and 393 were independent practice certificates that went to IMGs — the highest number in more than 20 years.

Phase 2 of the Personal Digital Assistant (PDA) Initiative is launched, providing front-line nursing staff in 24 health care organizations with more than 1,400 PDAs to improve access and integration of evidence at the point-of-care.

As a result of the successful pilot of the Long-Term Care (LTC) Mobile Emergency Program, 14 Nurse-Led Outreach Teams are funded to provide care to LTC residents who require more urgent or advanced interventions and assessments which helps to prevent the need for transfers to ERs, and in some cases, hospital admissions.

100 HFO MRA physician clients have relocated to Ontario to practise. There are another 500 active clients on the pathway to relocation.

Phase 2 of the Needle Safety Regulation comes into effect and extends coverage to: LTC homes, psychiatric facilities, laboratories and specimen collection centres.

The appointment of two Healthy Work Environments Champions is announced jointly by the ministry and Ministry of Labour to promote healthy and safe work environments across Ontario. An amendment to the *Occupational Health and Safety Act (Bill 168)* to protect workers from workplace violence and harassment is also introduced.

The Northern Ontario Dietetic Internship Program (NODIP) is expanded to include 12 dietetic interns.

Ten full-time clinical specialist radiation therapists (CSRTs) are supported to provide an additional year of advanced radiation therapy service in five cancer centres.

Bill 141, the *Regulated Health Professions Amendment Act, 2009* receives Royal Assent. Bill 141 strengthens patient safety by providing health regulatory colleges with enhanced regulation-making authority to inspect premises.

The ministry supports 14 municipalities by announcing $5 million to fund nurses to ease ambulance offload.

Ontario's 2007 ED PA and Nurse Practitioner (NP) demonstration project is featured in an article published in *Healthcare Quarterly Vol 12(2) 2009.*

The Nursing Secretariat announces 12 proposals and eight Nursing Research Career Awards, supported through the Nursing Research Fund.

NOSM celebrates its first graduating class of 55 students.

Ontario's PA initiative expands to include PAs in up to 20 new Family Health Teams (FHTs).

2,910 students graduate from the Northwestern Ontario Community-based Baccalaureate Nursing program — up from 1,647 graduates in 2005.
20 students graduate from the Baccalaureate Nursing program, a pilot funded in 2005 to support students from the communities of Fort Frances, Dryden, Sioux Lookout and Kenora to complete their nursing degrees closer to home.

With ministry funding, the RNAO releases four new best practice guidelines: *Preventing and Managing Violence in the Workplace; Decision Support for Adults Living with Chronic Kidney Disease; Supporting Clients on Methadone Maintenance Treatment*; and *Ostomy Care and Management.*

A record 1,087 physicians begin their postgraduate training in the province. Of these, 238 are IMGs.

The Ontario Nursing Workforce Alliance (ONWA) is started with hub and satellite organizations.

The Health Professions Database (HPDB) completes its first-ever demographic, geographic, education and employment data collection on more than 80,000 health professionals from 20 professions across 19 regulatory colleges in Ontario.

The Michener Institute of Applied Health Sciences and the ministry sign a multi-year agreement to educate about 1,000 allied health students a year.

Healthy Work Environments Innovation Fund Grant Program is launched.

24 new first-year medical spaces are part of a 100 new first-year spaces expansion taking place from 2009-2010 to 2011-2012.

Over 4,300 new full-time first-year students enter into nursing degree programs in Ontario — up from 3,400 in 2005.

Under the Interprofessional Infrastructure initiative, 15 postsecondary institutions (nine universities and six colleges) receive $2,260,000 in 2009-2010 to develop interprofessional education as the basis for the implementation of interprofessional care.

Transitional Councils for the professions of kinesiology, homeopathy, naturopathy and psychotherapy are appointed.

Provincial consultations on renewing Ontario's UAP end on September 30, 2009. Over 260 consultation responses were received through letters, email and an online survey.

The Ontario Health Human Resources Research Network (OHHRRN), a province-wide network linking health human resources researchers, decision-makers and planners is established.

The second class of 24 students begins the 24-month PA education program at McMaster University. A total of 45 students are now enrolled in the BHSc (PA) program, with the first PA graduates starting work in August, 2010.

268 nursing students complete their participation in the Summer Externship Program providing an opportunity to accelerate the undergraduate baccalaureate program.

HFO MRA Community Partnership Program obtains a full complement of 14 Partnership Coordinators co-located across Ontario's 14 Local Health Integration Networks (LHINs).

HFO MRA begins executing its direct mail campaigns, sending out over 20 direct mail campaigns to physicians and residents in the U.S., outreaching to over 100,000 targeted physicians.

Over 120 representatives from health care organizations, LHINs and the Ontario government participate in the *Demonstration Projects in Nursing Human Resource Planning Implementation Workshop*, with the primary objective of showcasing the demonstration project tools, resources and best practices within Ontario health care organizations.

Evaluation findings of the Registered Nurse Surgical First Assist Pilot Project Update highlight the positive impact that this new role has had on patient care outcomes, surgical wait times and access to surgery, operational efficiencies and team-based care.

Six registered nurses complete the didactic education requirement to work in the role of Registered Nurse Performed Flexible Sigmoidoscopy and return to their practice settings to complete the clinical education component.

The ministry is co-author of the Canadian Journal of Emergency Medicine article entitled, *The Impact on Patient Flow After the Integration of Nurse Practitioners and Physician Assistants in Six Ontario Emergency Departments.*

The ephysicianhealth.com web site, the world's first comprehensive, on-line physician health and wellness resource, is launched with funding from the ministry's Healthy Work Environments Initiative.

HFO MRA launches its six-month family medicine advertising campaign. Throughout this campaign, there were 248,493 visits to the HealthForceOntario.ca homepage (a 46 per cent increase from the same timeframe during the previous year), and over 350 new physician contact files were opened (a 40 per cent increase from the same timeframe during the previous year).

Minister Deb Matthews awards the RNAO with the Minister's Award of Excellence in acknowledgement of its work on the ministry-funded LTC Best Practice Initiative.

The Council of Ontario Universities Programs in Nursing increases the education seats for the Primary Health Care Nurse Practitioner Education Program from 163 to 176 across nine universities.

The Ministry of Training, Colleges and Universities (MTCU) approves the University of Toronto's Bachelor of Science Physician Assistant degree (BScPA).

Phase 3 of the Needle Safety Regulation is announced, extending coverage to additional workplaces, including: doctors' and dentists' offices, community health centres, Family Health Teams, independent health facilities, and other workplaces where health-related services are provided, effective July 1, 2010.

NOSM releases the HFO-funded report on "Exploring the Socio-Economic Impact of the Northern Ontario School of Medicine" which receives wide media attention. The report shows that NOSM helps generate between $67 million and $82 million of economic activity in Northern Ontario.

Over 100 demonstration project PAs and supervising physicians attend the second Physician Assistant Professional Development Day in Toronto. Information shared at this event will assist in planning for the future integration of PAs in the Ontario health care system.

HFO MRA launches *Practice Ontario*, a new dedicated job search service for postgraduate medical residents, in partnership with the University of Toronto, Postgraduate Office.

The next eight Nurse Practitioner-Led Clinics are announced.

Eighteen projects are selected from over 130 applicants to the Healthy Work Environments Innovation Fund Grant Program.

Bill 179, the *Regulated Health Professions Statute Law Amendment Act, 2009* receives Royal Assent.

The *Ontario Labour Mobility Act (OLMA)* is passed and signifies Ontario's commitment to the Agreement on Internal Trade. The OLMA amends the *Regulated Health Professions Act, 1991* to include a labour mobility code for regulatory colleges governing the ways in which they treat applications from individuals already certified in the same profession by a regulatory authority in another province or territory.

An amendment to the *Regulated Health Professions Act, 1991* is passed to improve health human resources planning by enabling better knowledge of how health professionals progress through their career paths.

The first PA begins working in the FHT demonstration project.

63.9 per cent of nurses working in Ontario report their working status as full time (RNs 65.4 per cent, RPNs 58.6 per cent and NPs 82.3 per cent) — an increase of 14.5 per cent since 2003.

The Ontario Health Human Resource Forecasting and Planning Needs-Based Analysis report is received. It forecasts nursing supply and demand trends, in the short, medium and long term.

Working with Ontario's physician recruitment community, HFO MRA has recruited approximately 300 physicians, including those who work in EM, into Ontario since its inception in 2007 —120 alone were in 2009.

The HFO MRA Access Centre records its 9,000th internationally educated health professional client.

Four NPs complete the University of Toronto Nurse Practitioner Anesthesia program. This is a Canadian first.

The third cohort of 15 IMGs begins the 14-week Physician Assistant Integration Program (PAIP). The PAIP is an assessment and integration process that all IMG-streamed PAs must complete to ensure they have the necessary PA competencies.

Over 65 nurses from Northern Ontario enrol in the de Souza Institute oncology educational programs through teleconference technology and live events.

Amendments to the College of Midwives of Ontario's drug regulation are passed to expand the list of drugs that may be prescribed by midwives.

Late Career Nurse Initiative benefits 1,560 late career nurses in 113 organizations.

HFO MRA begins sending out information kits to Canadian students studying abroad (primarily at 15 international medical schools world-wide), sending over 1,500 information kits world-wide. This is in addition to other marketing efforts, achieving over 4,000 encounters with Canadian students during the 2009-2010 fiscal.

The University of Toronto, in collaboration with the Michener Institute of Applied Health Sciences and NOSM, launches the second provincial Physician Assistant education program with 24 students. These students are expected to graduate with a BSc (PA) in December 2011.

eworkplacehealth.com web site, developed by the University of Ottawa's Faculty of Medicine with funding from the ministry's Healthy Work Environments Initiative, is launched.

New Required Organizational Practice, developed through funding provided by the ministry's Healthy Work Environments Initiative, is introduced into Accreditation Canada's QMentum Program to address workplace violence.

221 IMG training positions and assessments are offered – exceeding target by 10 per cent.

The development of the first population needs-based physician simulation model for Ontario is completed. The model will compare the population's need for various physician services to the supply of services, quantify the gap and translate it into specialty-specific health human resources requirements.

The de Souza Institute expands and surpasses five-year goals in its first year, with over 900 nurses participating in oncology education and mentorship programs, and over 150 nurses becoming Canadian Nurses Association-certified in oncology or palliative care.

The First Quality Improvement and Innovation project session is held, which brings together all Nurse Practitioner-Led Clinics and nursing stakeholders, as well as the Family Health Teams.

Refresh and Refocus Your Nursing Career, a mid-career nurse symposium developed in collaboration with the RNAO, provides the forum for mid-career nurses to disseminate research that highlights the unique needs of mid-career nurses, share success stories of mid-career nurses and discuss the synergy of diverse generations in the workplace.

A new regulation proposed by the Royal College of Dental Surgeons of Ontario detailing a Quality Assurance Program for members is passed.

Healthy Work Environments Innovation Fund projects are completed, including the development of a risk assessment tool specific to long-term care and paramedics.

The ministry announces the creation of the HFO Northern and Rural Recruitment and Retention Initiative (N3R) to help the most northern and rural Ontario communities recruit and retain physicians.

The ministry announces the creation of the new Provincial Postgraduate Return of Service (ROS) Program where those with ROS commitments can do ROS anywhere in the province other than Ottawa, the City of Toronto, Mississauga, Brampton, Vaughan, Markham and Pickering.

Minister Matthews congratulates candidates on their success at a dinner celebrating over 120 clients of the HFO Access Centre for Internationally Educated Health Professionals.

Arthur Sweetman, PhD, is named the inaugural Ontario Research Chair in Health Human Resources.

The CSRT Demonstration Project's poster on improving access to care for aboriginal communities throughout the province is awarded Best Poster at the 7th Annual Radiation Therapy Conference in Toronto — and will be published in the Radiation Imaging and Technology Journal.

The Tuition Support Program provides 84 applicants with tuition reimbursement for their nursing education.
18 nurses participate in the Nursing Community Assessment Visit Program.

The Nurse Practitioner-Led Clinic Steering Committee is established.

Over 900 new nursing positions are created across the health care sectors through the 9,000 Nurses Commitment.

More than 2,600 Ontario nursing graduates are matched with over 200 employers through the Nursing Graduate Guarantee.

The Nursing Education Initiative supports 12,898 educational grants for registered practical nurses and registered nurses in Ontario.

HFO MRA Partnership Coordinators, part of the Community Partnership Program, have established a working relationship with over 2,000 health human resource stakeholders across the province and conducted almost 1,500 community engagement meetings, including educational sessions, recruitment presentations and advice on agency support services during the 2009-2010 fiscal.

HFO MRA has over 3,500 physician expressions of interest in the agency's database and over 8,000 since its inception (these include physicians, residents and medical students located in North America).

HFO MRA has over 1,500 physicians and over 8,000 nurses (new graduates and established nurses) registered in the 2009-2010 fiscal on HFOJobs, and over 5,000 physicians and 25,000 nurses have registered since the agency's inception.

From April 1, 2009 to March 31, 2010, the Rural Family Medicine Locum Program (RFMLP) funded 184 family physicians to cover 3791.5 days for 196 local physicians in 74 participating communities.

From April 1, 2009 to March 31, 2010, the Northern Specialist Locum Programs (NSLP) funded 371 physicians to cover locum shifts for 28 specialties in 15 eligible communities in Northern Ontario, for a total of 9,107 days.

Since inception in October 2006, the Emergency Department Coverage Demonstration Project (EDCDP) has provided more than 57,000 hours of locum coverage to assist 45 hospitals in Ontario. From April 1, 2009 to March 31, 2010, more than 20,000 hours of coverage have been provided to assist 30 hospitals.

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